

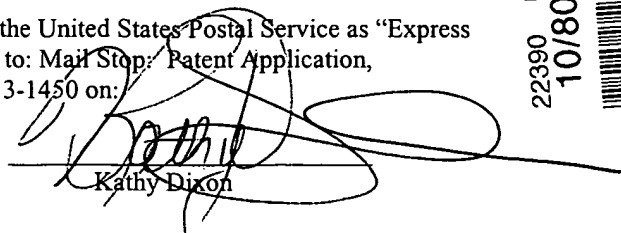


17621 U.S. PTO

TRANSMITTAL FORM

I hereby certify that this correspondence is being deposited with the United States Postal Service as "Express Mail" under Label No. EV 353257942 in an envelope addressed to: Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

March 18, 2004  
(Date of Deposit)

  
Kathy Dixon

22390 U.S. PTO  
10/804890  


Mail Stop: Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Attorney Doc. #: 67,200-1218  
Mailing Date: Mar. 18, 2004

Dear Sir:

Transmitted herewith for filing is the patent application of:

Inventor(s):                      CHEN-CHUNG LI                      JUI-CHUN WENG  
   CHIH-CHIEH WANG                      TAI-KUN KAO

For:    ION IMPLANTER AND METHOD OF PREVENTING UNDESIRABLE IONS  
         FROM IMPLANTING A TARGET WAFER

Submitted herewith are:

  X     3   sheet(s) of formal drawings

  X   An Assignment of the invention to Taiwan Semiconductor Manufacturing Co., Ltd., together with Assignment Recordal Sheet

  X   A Declaration for patent application under CFR 1.63 and 1.68

The filing fee has been calculated as shown below:

	No. Filed	No. Extra	Small Entity Fee	Large Entity Fee	Total
Basic Fee			\$385.00	\$770.00	\$770.00
Total Claims	18    X 20		\$9.00	\$18.00	\$0
Indep. Claims	3   -3		\$43.00	\$86.00	\$0
Multiple Dep. Clms.			\$145.00	\$290.00	\$0
Assign. Rec. Fee			\$40.00	\$40.00	\$40.00
TOTAL					\$810.00

Mailing Date: Mar. 18, 2004  
Attorney Docket No.: 67,200-1218

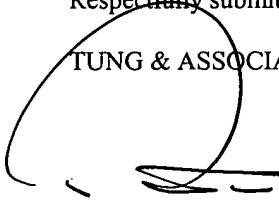
X Attached is a Credit Card Payment Form for the sum of \$ 810.00  
A duplicate copy of this transmittal is attached.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Visa Credit Card No. 4756 8461 9568 0263.

X Any additional filing fees required under 37 CFR 1.6  
X Any patent application processing fees under 37 CFR 1.17

Respectfully submitted,

TUNG & ASSOCIATES



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